

# Addressing Institutional Bias and Racism

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# Objectives

Following today's sessions, participants will be able to:

- Demonstrate abilities to address bias, healthcare disparities, and other nonclinical challenges in the development of a comprehensive SCD care center
- Recognize the impact of an individual's lived experience on the clinical encounter
- Identify behaviors perceived as aligned with implicit bias and empathy
- Practice perspective taking
- Develop strategies to recognize and mitigate implicit bias in clinical settings

# Empathy as a Bias Mitigation Strategy

 **NYU Grossman  
School of Medicine**



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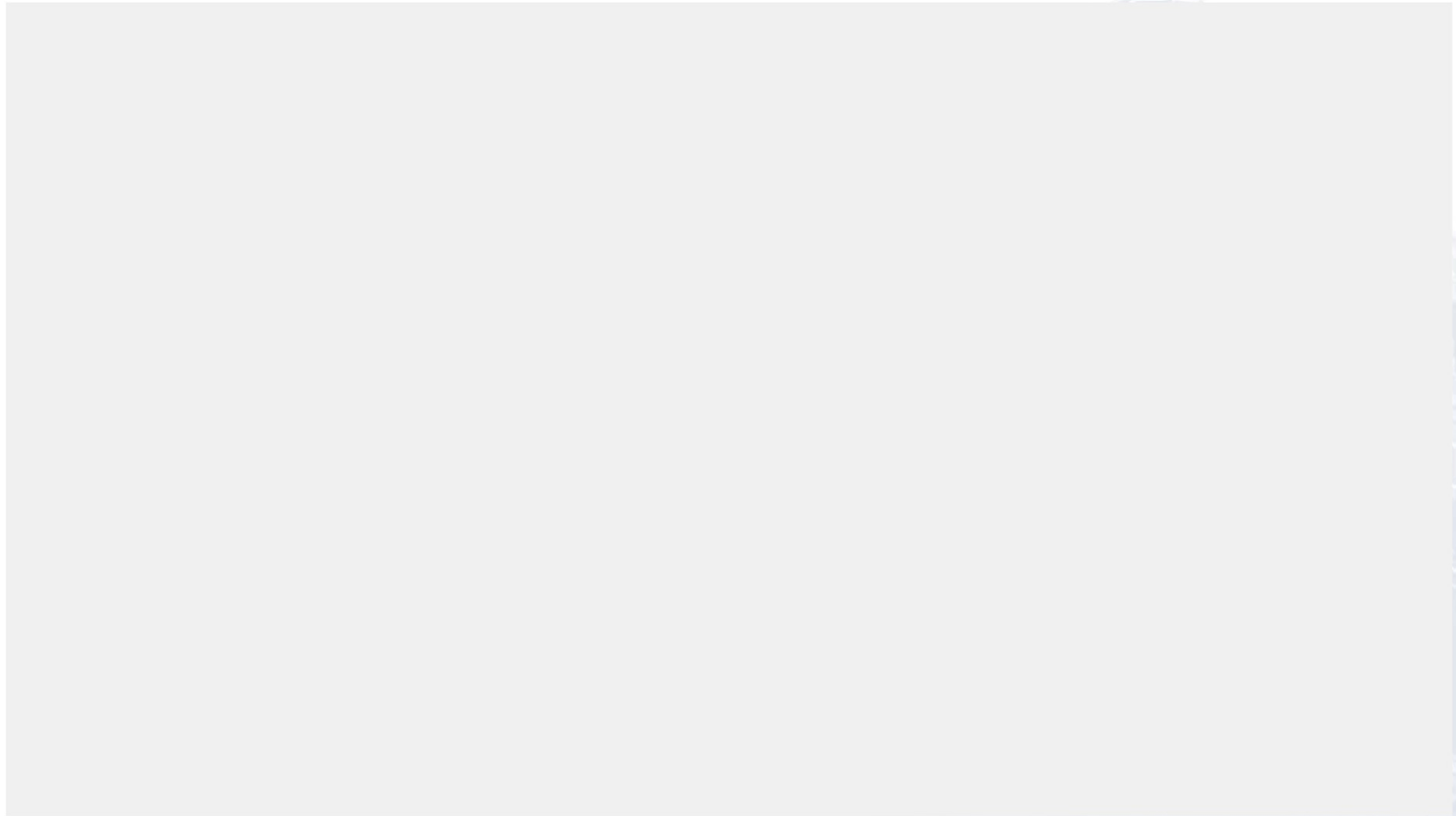
# Introduction to the Film

“The Elephant in the Waiting Room” is a short, animated film produced by The Empathy Project, a nonprofit organization based within the NYU Grossman School of Medicine. It was created in partnership with over 50 medical and creative professionals, patients, students, and researchers. “The Elephant in the Waiting Room” addresses implicit bias in medicine.

This film is focused on a middle-class Black woman’s experience and was informed by a number of Black women’s experiences, as well as research with Black and Latino/a/x patients. It is not meant to represent all Black women’s experience or experiences of all people of color. Likewise, it is not meant to represent all White doctors’ experience.

In addition to working with women of color for the patient perspective, this film was also informed by the experiences of several physicians on the team, including those who practice in internal medicine, surgery, OB, pediatrics, and as GI subspecialists.

# Elephant in the Waiting Room: Scenario 1



# Group Discussion



# What is bias?



**An automatic  
response**

**A shortcut to  
interact with our  
world**

A tendency or inclination that results in judgment without question

Prejudice in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair

# What is implicit bias?



Unconscious and unintentional mental associations that impact our understanding and actions without:

- Awareness
- Intention
- Control

These often conflict with our conscious attitudes, behaviors, and intentions.



# Implicit Bias Recognition and Management (IBRM)

Our behavioral, skills-based approach to addressing implicit bias in interpersonal encounters.

# Implicit Bias Contributes to Healthcare Disparities

## Physicians with higher implicit racial bias:

- Demonstrate verbal dominance<sup>[1]</sup>
- Have lower patient affect scores and poorer ratings of interpersonal care<sup>[1]</sup>

## Patients who experience implicit racial bias from physicians:

- Have greater difficulty remembering information from the encounter<sup>[2]</sup>
- Negative health effects, include delaying or avoiding medical care and decreased adherence to treatment plans<sup>[3]</sup>

1. Cooper LA et al. *Am J Public Health*. 2012;102(5): 979-987.
2. Penner LA et al. *J Clin Oncol*. 2016;34(24): 2874-2880.
3. Street RL, Jr et al. *Patient Educ Couns*. 2009;74(3):295-301.



# Elephant in the Waiting Room: Scenario 2



# Group Discussion



# Previous Treatment Experience



## Patient level factors

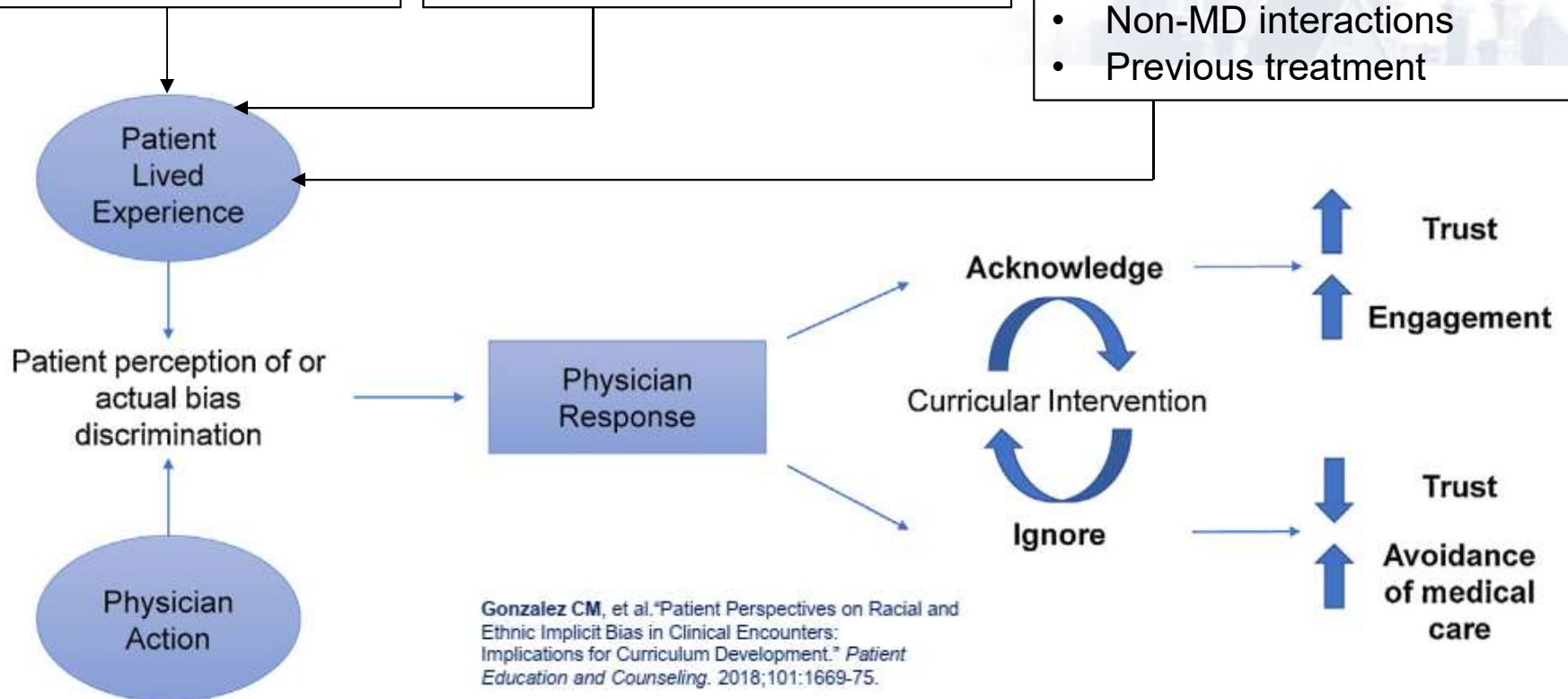
- Racism is exhausting
- Patient's degree of empowerment
- Language limitations

## Societal level factors

- Systemic racism
- Ubiquitous natural bias
- Privilege (or lack of)
- Social determinants of health

## Health system level factors

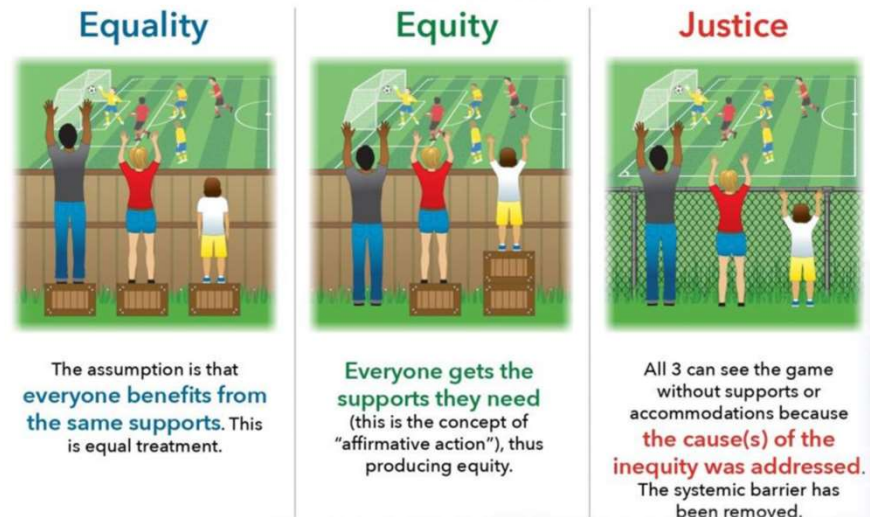
- Institutional racism
- Language barriers
- Between provider disparities
- Non-MD interactions
- Previous treatment



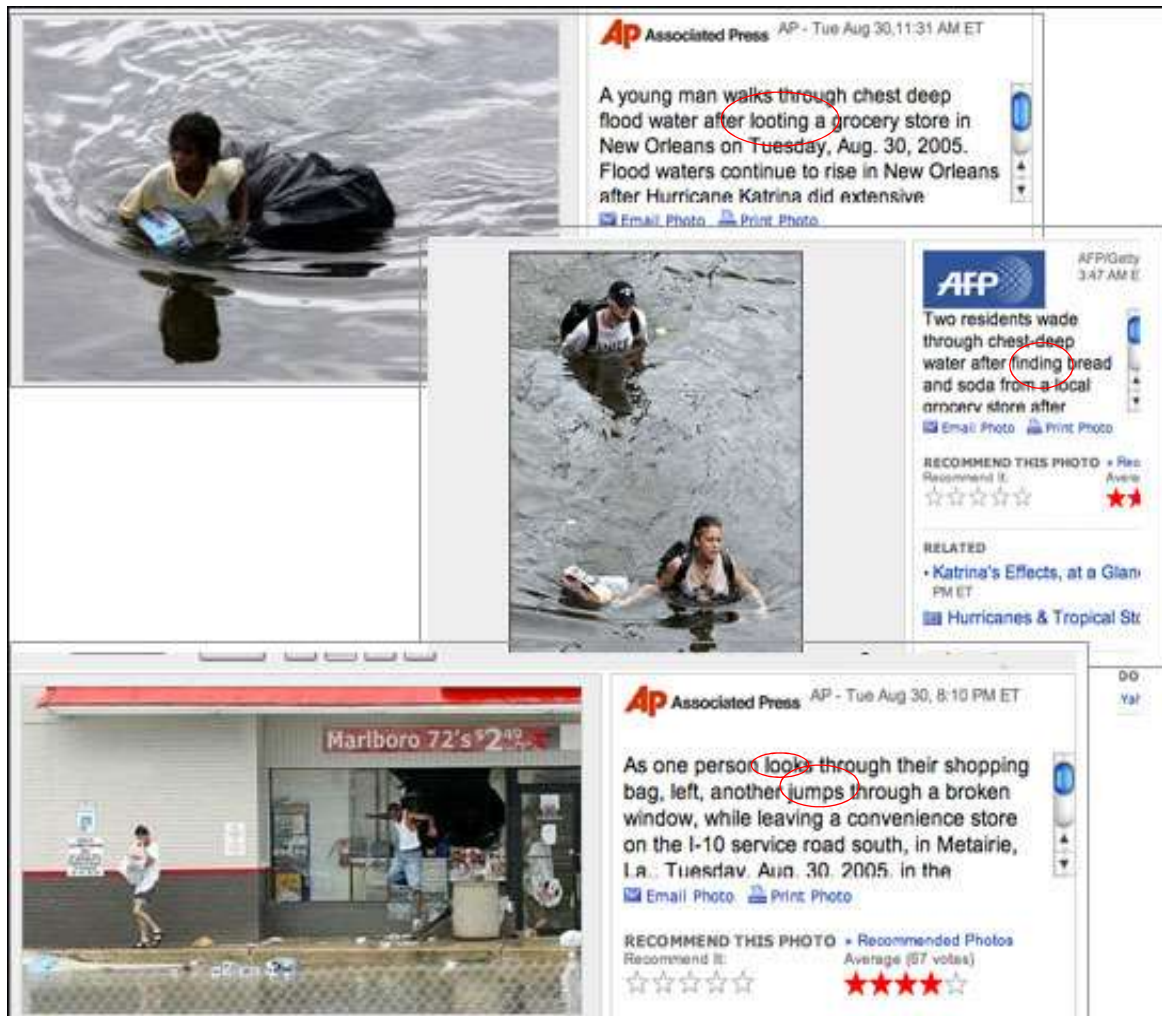
Gonzalez CM, et al. "Patient Perspectives on Racial and Ethnic Implicit Bias in Clinical Encounters: Implications for Curriculum Development." *Patient Education and Counseling*. 2018;101:1669-75.

# Anti-oppression Educational Framework

- Racism
- Sexism
- Heterosexism
- Transphobia
- Ableism
- Ageism
- Classism
- Xenophobia



# Unconscious Bias in Everyday Life: Media



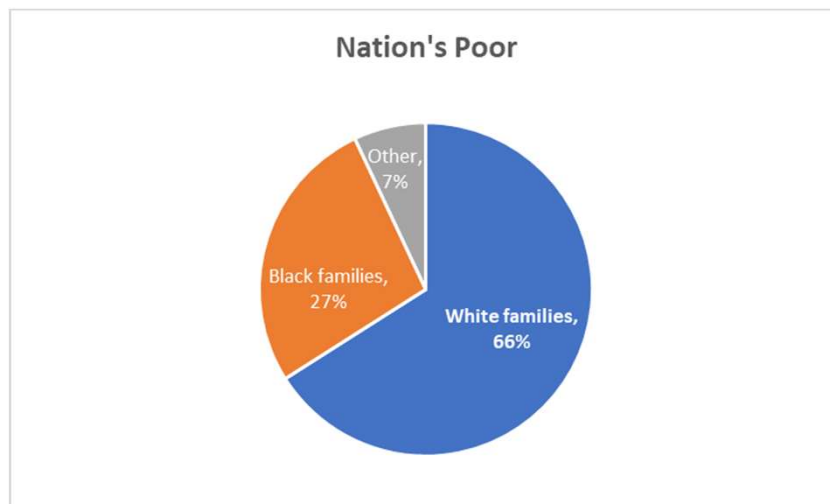
The screenshot displays three news items from the Associated Press (AP) dated Tuesday, August 30, 2005, illustrating media coverage of Hurricane Katrina's impact. Each item includes a photograph and a text description.

- Top Left:** A young man is shown wading through chest-deep floodwater, carrying a large black bag. The text reads: "A young man walks through chest deep flood water after looting a grocery store in New Orleans on Tuesday, Aug. 30, 2005. Flood waters continue to rise in New Orleans after Hurricane Katrina did extensive damage." The words "walks through" and "looting" are circled in red.
- Top Right:** Two residents are wading through chest-deep water, carrying bags. The text reads: "Two residents wade through chest-deep water after finding bread and soda from a local grocery store after Hurricane Katrina." The words "finding bread" and "soda" are circled in red.
- Bottom:** A convenience store is shown with a broken window. The text reads: "As one person looks through their shopping bag, left, another jumps through a broken window, while leaving a convenience store on the I-10 service road south, in Metairie, La., Tuesday, Aug. 30, 2005, in the aftermath of Hurricane Katrina." The words "looks through" and "jumps through" are circled in red.

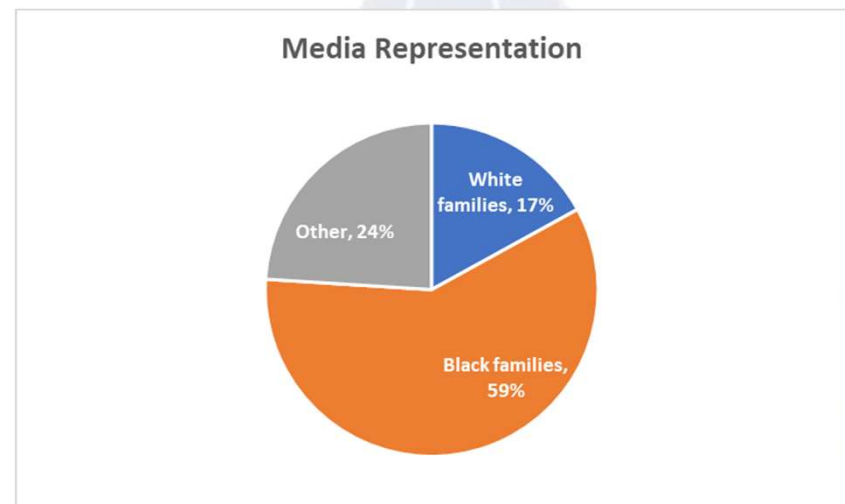
Hurricane  
Katrina  
15 years ago



# Unconscious Bias in Everyday Life: Media



Black families make up 27% of the nation's poor



News and opinion media represent Black families in 59% of the images of the poor

T. L. Dixon. (2017) "A dangerous distortion of our families: Representation of families, by race, in news and opinion media. *Color of Change*.

[https://colorofchange.org/dangerousdistortion/#full\\_report](https://colorofchange.org/dangerousdistortion/#full_report)

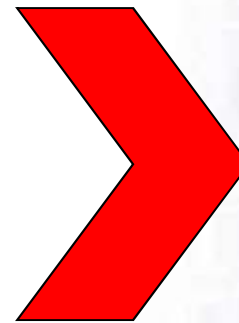
# Unconscious Bias in Everyday Life: Media

Media images of:

Crime  
Drugs  
Violence  
Poverty  
Welfare

Lead to perceptions  
of others as being:

Untrustworthy  
Immoral  
Dangerous  
Lazy  
Undeserving



Which contribute to  
biased thinking in care:

Medication-seeking  
Difficult  
Aggressive  
Non-compliant  
Unreasonable

T. L. Dixon. (2017) "A dangerous distortion of our families:  
Representation of families, by race, in news and opinion media."  
*Color of Change*.

[https://colorofchange.org/dangerousdistortion/#full\\_report](https://colorofchange.org/dangerousdistortion/#full_report)

# Bias Mapping



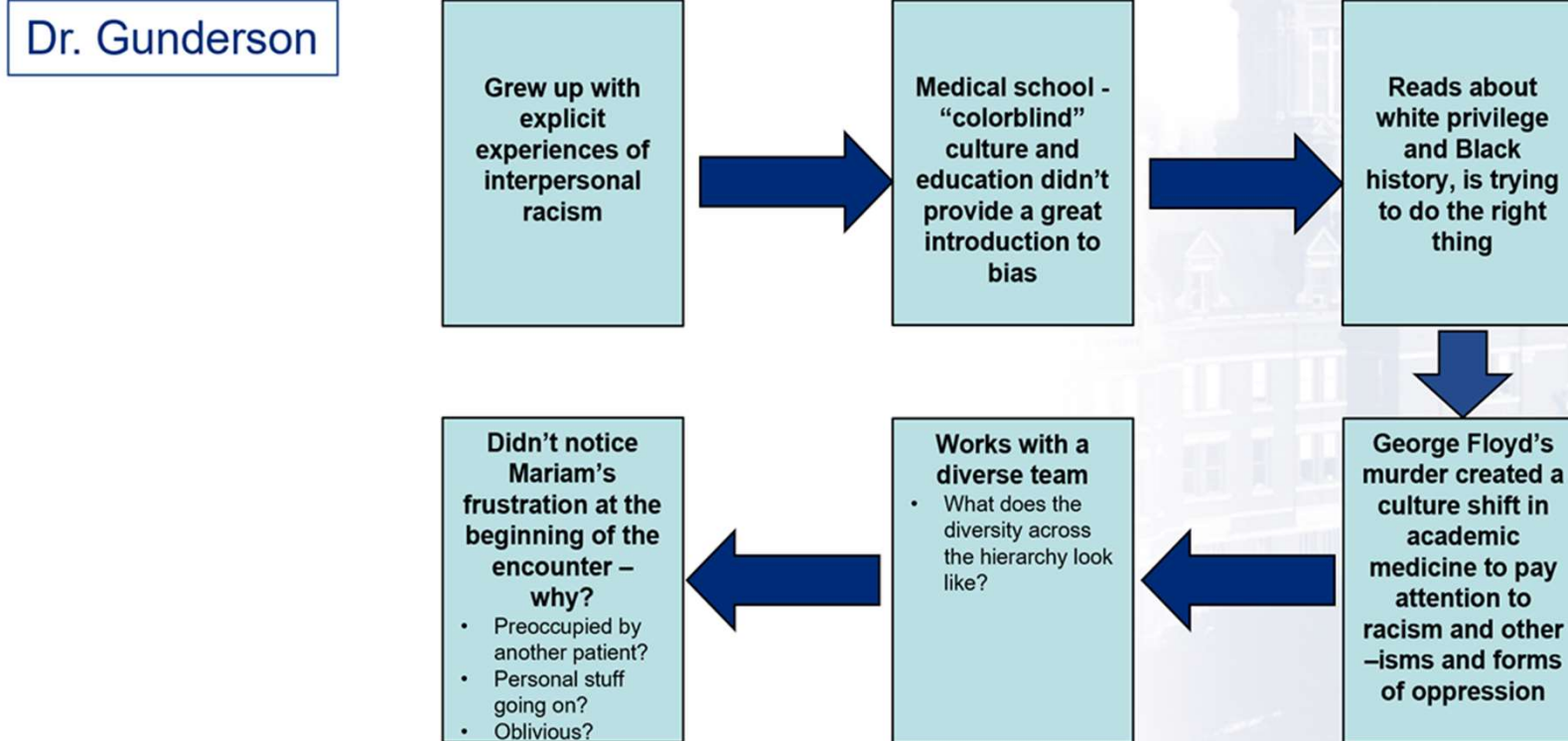
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# Bias Mapping for Physician and Patient: How is bias impacting their encounter?

## Sample of Bias Mapping





# Elephant in the Waiting Room: Scenario 3



# Group Discussion



# Em-pa-thy

The practice of authentically trying to understand another person's lived experience through communication, and, more specifically, through engaged curiosity



# The Benefits of Empathy in a Clinical Setting

## Clinicians who practice empathy:

- Experience increased satisfaction with their work, decreased stress, and a stronger connection to patients and colleagues<sup>[1]</sup> <sup>[2]</sup>
- Contribute to reducing bias by breaking down barriers created by social norms and systemic factors<sup>[3]</sup>

## Patients who experience empathy from clinicians:

- Have more favorable health outcomes as they have increased satisfaction with their care, adhere to treatment more closely, and are likely to be a partner in their medical decisions<sup>[4]</sup>

1. Lamiani G et al. *Front Psychol.* 2020;10:2902.
2. Decety J and Fotopoulou A. *Front Behav Neurosci.* 2015;8:457.
3. Schwartz BD et al. *Int J Environ Res Public Health.* 2020;17:2169.
4. Reiss H and Kraft-Todd G. *Acad Med.* 2014;89:1108–1112.

# Acknowledging Bias

**Acknowledgement of an incident of biased behavior, or the perception of biased behavior, is the most important thing in restoring rapport with the patient**

**Ignoring or dismissing bias could lead to negative outcomes; whereas, a simple acknowledgement could lead to outcomes, similar to if the bias had never been perceived in the first place**

# Reflection and Discussion

- How could Dr. Gunderson have changed his behavior and recognized his bias?
- Consider how empathy and gaining perspective are important clinical skills for mitigating bias

# Systemic Strategies to Mitigate Bias Against Individuals With Sickle Cell Disease

- ED protocols for treating sickle cell pain
- Individualized ED dosing protocols for treating sickle cell pain
- Increased awareness of NHLBI SCD recommendations for acute pain crisis
- Increased adherence to NHLBI SCD recommendations for acute pain crisis

# P.L.A.C.E. Strategy

The P.L.A.C.E. Strategy is another way for us to check ourselves so that we do not engage in disrespectful or biased behavior when interacting with our colleagues or patients

# P.L.A.C.E.

**Pause. Listen. Ally. Communicate. Empower and Maintain Humanity.**



**Pause.** To assure that judgment, bias, and stigma are internally reviewed, so they are not projected onto the patient or my colleagues.



**Listen.** To understand the concerns and narratives of my patients and colleagues.



**Ally.** Aim to be an ally and advocate for my patients and colleagues, assuring they feel comforted as they heal.



**Communicate.** Speak to the patient about their diagnosis and care plan.



**Empower and Maintain Humanity.** Empower your colleagues and patients by demonstrating humanity at that moment.



# P.L.A.C.E.

**Pause. Listen. Ally. Communicate. Empower and Maintain Humanity.**

## **PAUSE.**

We recommend executing this with an internal dialogue guided by these questions:

- What assumptions am I making about this patient or group of people?
- Am I treating them as an individual or invoking a stereotype about their group?
- Have I acknowledged my own reactions, beliefs, interpretations, and judgements?
- Am I approaching this situation from a space of grace and empathy?

## **LISTEN.**

Such an exercise can be assisted with the following questions:

- Have I asked my patient if they have shared all of their concerns?
- Am I actively listening to all of the concerns before drawing conclusions?
- Am I considering all possibilities in my differential diagnosis?

## **ALLY.**

- Have I asked and learned what their priorities and values are?
- Have I validated and addressed their concerns?
- Have I used my position to be a champion for what my patient and colleague needs?

## **COMMUNICATE.**

Here we provide a list of questions that can assist in such a manner.

- Have I spoken to my patient in a way that they can understand (e.g. avoiding medical jargon or slang, providing language services [such as a medical or sign language interpreter], and being respectful)?
- Use Ask Me 3<sup>79</sup> to make sure the patient understands the following 3 questions
  - What is my main problem?
  - What do I need to do?
  - Why is it important for me to do this?
- Use a Teach Back<sup>8</sup> to confirm understanding
  - Ask the patient to explain or tell in their own words their understanding of what they heard
- Am I communicating with my colleague in a non-biased, respectful way (e.g. managing my body language and tone/verbal and non-verbal cues)?

## **EMPOWER AND MAINTAIN HUMANITY.**

We concluded with empowerment to encourage all to model the behavior we promote to maintain humanity in healthcare and medicine. Ensure you have established empowerment by asking:

- Have I given my patient or colleague the appropriate resources, tools, and support they need to be fully present and authentic in the encounter?

Do the best you can until  
you know better.  
Then when you know better,  
do better.

-Maya Angelou





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# Q & A

# Feedback Survey

LINK: [bit.ly/TEPFeedback](https://bit.ly/TEPFeedback)

QR Code:





# Contact Information

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